

## Supplementary Budget – Briefing Note

## 2020 Budget

## Drug Strategy

**Briefing Note required for:**

-items &gt;\$50,000

-changes in FTE

Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
CHS	CHS Admin	CHS Admin	Municipal Drug Strategy	S	\$110,000	0
CHS	CHS Admin	CHS Admin	Funding from Municipal CHS Reserve #17291	S	(\$110,000)	
			<b>Total</b>		<b>\$0</b>	

**Background:**

See attached Report to Council dated October 28, 2019.

**Comment:**

Council requested \$110,000 associated with a municipal drug strategy be referred for deliberation during the 2020 budget.

There is no FTE associated with this request. Administration will meet with key community stakeholders to determine best organization to host/coordinate.

# Municipality Of Chatham-Kent

## Community Human Services

### Public Health Unit

#### Information Report

**To:** Mayor and Members of Council  
**From:** Teresa Bendo, Director, Public Health  
**Date:** October 28, 2019  
**Subject:** Resources for a Municipal Drug Strategy

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This report is for the information of Council.

#### **Background**

This report was developed as a result of the following motion by Councillor Brock McGregor at the August 12, 2019 Council meeting.

“Whereas community partners and stakeholders throughout Chatham-Kent have been engaged and continue to work on assessing and addressing the societal, familial, and human impacts of substance use in Chatham-Kent; And whereas it is estimated that injection drug use in Chatham-Kent is up to 4 times greater than the national average; And whereas crystal methamphetamine use and related harms remain prevalent; And whereas rates of hospitalizations and emergency department visits from opioid poisoning continue to trend upwards; And whereas issues associated with substance use in Chatham-Kent significantly impact municipal services, including fire and emergency services, policing, building development services, and employment and social services; Therefore administration be directed to report on next steps to update and implement a municipal drug strategy, in partnership with local agencies and stakeholders. Including options for resources required for a municipally lead drug strategy. And that the report return to Council prior to departments planning and finalizing 2020 budgets.”

This report is intended to inform Council of the operational needs and resources required to establish and implement a Municipal-led drug strategy.

#### **History of Substance Use Work in Chatham-Kent**

In 2009, with a growing need to coordinate around community challenges, the United Way of Chatham-Kent brought together key stakeholders to collaborate in the development of the *Framework for a Drug Strategy for Chatham-Kent*.<sup>1</sup> The framework provided recommendations for action within the different drug strategy pillars; prevention, treatment, harm reduction, and enforcement.

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<sup>1</sup> United Way of Chatham-Kent. (2009). Working towards a framework for a drug strategy for Chatham-Kent. Retrieved from <http://nextmovemedia.ca/ckdac/wp-content/uploads/2018/09/Framework-For-A-Drug-Strategy-for-Chatham-Kent.pdf>

In September 2009, a deputation was presented to Municipal Council outlining the recommendations from the framework. By early 2012, the drug strategy group had obtained grant funding through the Ontario Trillium Foundation and hired a project coordinator to carry forward the strategic directions and key recommendations from the framework. Funding for the project coordinator position through the grant was limited to a period of twenty-four months. During this time, the coordinator worked closely with the Chatham-Kent Drug Awareness Council to implement the drug strategy recommendations.

When the grant funding expired, the organizations involved in the drug strategy work were unable to continue funding the project coordinator position, and the position was dissolved.

Without a dedicated project coordinator, participating organizations and the Chatham-Kent Drug Awareness Council struggled to maintain collective action related to the drug strategy work. Competing mandates, lack of funding, and staffing challenges among the partner organizations limited ongoing community collaboration and mobilization efforts. This has since resulted in limited progress towards obtaining the framework recommendations, and they now serve merely as guidelines in work to address substance use.

The Chatham-Kent Drug Awareness Council continues to meet as a network today, but has scaled back work to focus primarily on education and knowledge exchange. At present, no community organization or group is responsible for, or able to sufficiently support, the collective action required to move the framework recommendations forward.

### **Substance use in Chatham-Kent**

Over the last 10 years, rates of emergency department (ED) visits and hospitalizations related to substance use and addictions have increased for Chatham-Kent and the province overall. Among Chatham-Kent residents, substance use and addiction is the second leading cause of all mental health related ED visits, and the third leading cause of all mental health related hospitalizations. In the most recent three years (2015-17) substance use and addiction was the primary reason for nearly 1,500 ED visits and 200 hospitalizations. When examined on a per population basis, the rate of unique individuals accessing substance use treatment services, is higher among Chatham-Kent residents compared to the province overall. Among Chatham-Kent residents in 2017/2018, there were over 700 individuals with at least one open admission to a Ministry-funded substance use treatment service. The leading problem substance reported by clients were prescription opioids, followed by alcohol, and then cannabis.<sup>2</sup>

Arguably, the most significant concern among service providers in Chatham-Kent, not captured above, is the ongoing prevalence of crystal methamphetamine use and related harms. In a recent Opioid Use and Related Harms Situational Assessment conducted by Chatham-Kent Public Health, all twenty-five stakeholders interviewed reported crystal methamphetamine use as a significant issue and service gap in the community. Ongoing challenges around addressing crystal methamphetamine use include lack of available resources for service providers, lack of evidence-based treatment options, and a lack of knowledge and experience around how to effectively work with those who use crystal methamphetamine. The transient nature of populations that use crystal methamphetamine presents further challenges for connecting to services and supports.<sup>3</sup>

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<sup>2</sup> Zettler, L. (2019, October 11). Personal communication, Chatham-Kent Public Health Epidemiologist.

<sup>3</sup> Waterloo Region Integrated Drug Strategy & Wellington Guelph Drug Strategy. (2017). A user's guide to methamphetamine: A self help guide to reduce harm for people who use methamphetamine. Retrieved from <https://www.waterlooregiondrugstrategy.ca/en/prevention-and-safer-drug-use/resources/Documents/METHbooklet.pdf>

In 2017, there were 58 emergency department visits, 26 hospitalizations and 5 deaths among Chatham-Kent residents due to opioid poisoning. From 2003 to 2017 the rate of ED visits for opioid poisoning among Chatham-Kent residents increased 225% and the rate of hospitalizations increased by 45%. While Chatham-Kent currently experiences relatively low rates of opioid poisoning deaths, it should be noted that these fatal and near-fatal outcomes are the worst-case scenario. If the events leading up to these outcomes are examined, there are several other indications that opioid use and related harms are a problem for the community. In 2017, over 16,000 Chatham-Kent residents were dispensed opioid prescription for pain. This rate is nearly one and a half times higher than the province, increasing potential risks for opioid related harms in the community. The rate of individuals dispensed opioid agonist therapy is higher in Chatham-Kent and the Erie St.Clair LHIN compared to the rest of Ontario.<sup>4</sup>

## **Comments**

Despite all of the local substance use specific data, it is generally anticipated that drugs of choice and related issues will continue to change over time. As such, community partners have expressed support for a comprehensive community drug strategy that is flexible to changing local needs and conditions. A comprehensive strategy would address root causes and contributing factors of substance use, while promoting community strengths and leveraging existing resources. A proportionate universalism approach would allow a comprehensive community drug strategy to meet the needs of under-serviced and equity-seeking populations, while preventing harms and promoting health to the community as a whole.<sup>5</sup>

The Federation of Canadian Municipalities suggests that municipalities are ideally positioned to lead coordination of drug strategies as they are not driven by approach-specific mandates; therefore, they are able to provide stable leadership and facilitate collaboration between local stakeholders and service providers towards a more integrated response.<sup>6</sup> In a review of Drug Strategy development, piloted in nine Canadian cities, needs have been identified for dedicated coordination and administrative resources, strong collaboration from community partners, and a good communication plan. Communities with dedicated coordinators were more likely to be successful.<sup>7</sup>

Based on an evaluation of 27 municipal-led drug strategies in Ontario, the most common reported challenges are funding and staffing, which result in limitations with respect to sustainability, implementation of key recommendations, and coordination.<sup>8</sup> Conversely, ongoing funding for centralized coordination and accountability to Municipal Council have been identified by many municipalities as key elements that ensure drug strategy approaches are kept consistent and thriving long term.<sup>9</sup> In addition, these factors ensure there is optimal communication between relevant partners when drug strategies are implemented.<sup>14</sup>

The Municipal Drug Strategy Coordinators Network of Ontario (MDSCNO), each representing various municipalities throughout the province, have reinforced the importance of having a dedicated coordinating body to provide direction and coordination between the municipality and

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<sup>4</sup> Chatham-Kent Public Health. (2019). Opioid use and related harms in Chatham-Kent: Infographic summary. Retrieved from <https://ckphu.com/wp-content/uploads/2019/06/Infographic-1-1.jpg>

<sup>5</sup> Chatham-Kent Public Health. (2019). Opioid use and related harms in Chatham-Kent: Situational Assessment Summary. Retrieved from <https://ckphu.com/wp-content/uploads/2019/07/Summary-Report-1.pdf>

<sup>6</sup> Federation of Canadian Municipalities. (n.d.). FCM Municipal Drug Strategy Phase III Report: A Summary Evaluation of Pilot Projects. Retrieved from [https://data.fcm.ca/documents/reports/FCM\\_Municipal\\_Drug\\_Strategy\\_Phase\\_III\\_Report\\_A\\_Summary\\_Evaluation\\_of\\_Pilot\\_Projects\\_EN.pdf](https://data.fcm.ca/documents/reports/FCM_Municipal_Drug_Strategy_Phase_III_Report_A_Summary_Evaluation_of_Pilot_Projects_EN.pdf)

<sup>7</sup> Federation of Canadian Municipalities. (n.d.). Municipal Drug Strategy: Sustaining Community-based Initiatives. Retrieved from [https://data.fcm.ca/documents/reports/Municipal\\_Drug\\_Strategy\\_Sustaining\\_Community\\_based\\_Initiatives\\_EN.pdf](https://data.fcm.ca/documents/reports/Municipal_Drug_Strategy_Sustaining_Community_based_Initiatives_EN.pdf)

<sup>8</sup> Schwartz, R. & Taylor, E. (2018). MDSCNO Evaluation Framework. Retrieved from <https://ihpme.utoronto.ca/wp-content/uploads/2018/12/MDSCNO-Evaluation-Framework.pdf>

<sup>9</sup> Municipal Drug Strategy Coordinator's Network of Ontario. (2019, September 25). *Personal Communication*.

local service providers.<sup>14</sup> Most municipalities coordinate their drug strategies using the following mechanisms working either in combination, or independently: (1) Action Team/Working Group; (2) Steering Committee; and/or, (3) Strategy Coordinator.<sup>10,11,12,13</sup>

A 2015 review of key contributing factors to political adoption of Municipal Drug Strategies in three major Canadian cities identified the following critical success factors:

- Strong political leadership;
- Stable coordination with dedicated resources; and
- A good education and communication plan that includes community engagement and consultation.<sup>14</sup>

## Centralized Coordination

Acknowledging previous challenges in implementing a community-wide strategy and recognizing critical success factors and promising practices, it is suggested that centralized coordination be a priority for any future drug strategy in order to build and maintain collaborative partnerships and processes, and ensure consistency and accountability. This could include three elements: a Municipal Councillor Chair, an implementation panel made up of community agencies, and a staff Coordinator.

## Development

Addressing the complex nature of concerns and ideas related to substance use requires consultation with relevant community stakeholders, community groups/organizations, service providers, various municipal departments, and persons with lived experience. It will require the support and coordination of efforts and multiple perspectives of sectors with representation across the Four Pillars of Prevention, Treatment, Enforcement, and Harm Reduction which reflect the best practice of drug strategy development across Canada.<sup>15</sup> Community consultation provides opportunities to identify key issues, develop action items to improve responses to issues, as well as potential points of collaboration. Feedback obtained through community consultation is instrumental in developing and refining drug strategy action items to reflect the needs of Chatham-Kent.

## Implementation

Building on community assets, the formation of a municipal-led drug strategy should be guided by population-level approaches that occur at multiple levels – upstream, midstream, and downstream. Upstream approaches focus on improving the underlying social and economic structures that contribute to substance use and related harms.<sup>16</sup> Midstream approaches focus on improving the material circumstances, preventing and reducing risks, and promoting healthy behaviours.<sup>16</sup> Lastly,

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<sup>10</sup> Waterloo Region Crime Prevention Council. (2011). Waterloo Region Integrated Drugs Strategy. Retrieved from <http://preventingcrime.ca/wp-content/uploads/2014/08/2012-WRIDS-FINAL1.pdf>

<sup>11</sup> Toronto Drug Strategy Advisory Committee. (2006). The Toronto Drug Strategy. Retrieved from <https://www.toronto.ca/wp-content/uploads/2017/11/9767-torontodrugstrategy-report-appendix-a-d-2005-aoda.pdf>

<sup>12</sup> Crowder, A. (n.d.). Blueprint for Action: Wellington Guelph Drug Strategy (WGDS) Strategic Plan 2017-2022. Retrieved from <http://www.towardcommonground.ca/en/resourcesGeneral/WG-Drug-Strategy-Strategic-Plan.Final.pdf>

<sup>13</sup> The HCLN Drug Strategy. (n.d.). Haliburton, Kawartha Lakes, Northumberland Drug Strategy. Retrieved from <http://hklndrugstrategy.ca/>

<sup>14</sup> Hajdu, P. (2015). Key Factors Contributing to Political Adoption of Municipal Drug Strategies: a Review of Three Canadian Cities. University of Victoria. Retrieved from [https://dspace.library.uvic.ca/bitstream/handle/1828/6408/Hajdu\\_Patricia\\_MPA\\_2015.pdf;sequence=1](https://dspace.library.uvic.ca/bitstream/handle/1828/6408/Hajdu_Patricia_MPA_2015.pdf;sequence=1)

<sup>15</sup> United Way of Chatham-Kent. (2009). Working towards a framework for a drug strategy for Chatham-Kent. Retrieved from <http://nextmovemedia.ca/ckdac/wp-content/uploads/2018/09/Framework-For-A-Drug-Strategy-for-Chatham-Kent.pdf>

<sup>16</sup> National Collaborating Centre for Determinants of Health. (2014). *Glossary*. Retrieved from <http://nccdh.ca/glossary/entry/upstream-downstream>

downstream approaches focus on improving individuals' immediate health needs or outcomes and are often at the service or access to service level.<sup>16</sup>

### **Ongoing Communication/Education**

Education and awareness initiatives, campaigns, and communication plans must be developed, supported and promoted based on local needs. This is necessary for strengthening partnerships, building community capacity, and raising awareness on key topic areas related to the overall drug strategy, e.g., stigma, work of the drug strategy.

### **Ongoing Monitoring and Reporting**

Routine monitoring and reporting is required to inform future planning and maintain accountability to the funder and the community. Reports that detail information gathered through ongoing monitoring will be used to inform policy and improve responses to local needs and substance use issues.

The table below summarizes the approximate annual expenses needed to achieve a municipally-led drug strategy:

Coordinator salary & benefits*	\$85,000
Communications material (education campaign, annual report to community, other miscellaneous education and marketing materials)	\$5,000
Office supplies	\$1,000
Program supplies (community meetings/ consultations)	\$10,000
Technology and phone	\$2,000
Travel and mileage	\$1,000
Miscellaneous (to support plan's annual priorities)	\$6,000
<b>TOTAL</b>	<b>\$110,000</b>

\*Options for coordinator could include: permanent municipal employee, contract with a community partner, secondment opportunity as part of leadership development program.

### **Consultation**

The Chatham-Kent Drug Awareness Council (CKDAC) was consulted for feedback on their experience and input on needs and resources required to establish a municipally-led drug strategy. Several key community stakeholder organizations comprise the Chatham-Kent Drug Awareness Council, including Family Services Kent, Canadian Mental Health Association, Westover Treatment Centre, House of Sophrosyne, Chatham-Kent Police Services, Chatham-Kent Public Health, The Sandwich Guys, and Restorative Justice, among others.

The previous Harm Reduction Project Coordinator and current Chief Executive Officer of United Way was consulted to share some of his feedback related to previous drug strategy work in the community.

Chatham-Kent Public Health consulted with members of the Municipal Drug Strategy Coordinators Network of Ontario (MDSCNO), representing municipal-led drug strategies across the province, to gain input on their municipal-led drug strategies particularly, roles of coordinating bodies, governance structures and resources.

## **Financial Implications**

There are no financial implications resulting from the development of this report.

Any financial implications made by Council as a result of this report will be deferred to the 2020 budget process.

Prepared by:

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Attachment: None